| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965645** | **01/31/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Gulf Breeze Courtyard** | **3428 Gulf Breeze Parkway Gulf Breeze, FL 32561** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tags:**
0025-Resident Care - Supervision-01/31/2014

0000-Initial Comments

A desk review follow-up was completed 1/31/2014. The facility had no deficiencies.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 31, 2014

Administrator
Gulf Breeze Courtyard
3428 Gulf Breeze Parkway
Gulf Breeze, FL 32561

Dear Administrator:

This letter reports the findings of a desk review follow-up to the complaint survey of 12/31/2013. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected . **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

DT9D

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